



# Company Connected Parties Update Form

Office:

Date:

Customer Name

Customer Account Number

We give below the updated "Connected Parties" information details for all of our accounts held with you, under the above account number. Kindly update your records accordingly.

## I. Details of Ownership, Directors and Authorised signatory(s) of The company

1. Following are all the (Entity/Individual) IMMEDIATE OWNERS/Principal Shareholders (as per trade license/company register) of the company with shareholding of 10%(Note 1) or more:

Note 1: Or lower as per local regulatory requirements

Full Name of Shareholder <sup>1</sup>	Residential Address of Shareholder and Telephone Number/ Principal Business Address	Identification Document (Passport/Company Registration) Details <sup>2</sup>	Country of Residence and Country of Head Quarters	Shareholding/ Ownership Percentage (%)	Others (if applicable)
		Passport No <input type="text"/>	Country of Residence: <input type="text"/>		Names of Stock Exchange, if listed: <input type="text"/>
		ID/Registration No <input type="text"/>	Country of Head Quarters: <input type="text"/>		Ticker ID, if applicable <input type="text"/>
		Expiry Date <input type="text"/>			Name of Regulatory Body (if regulated entity) <input type="text"/>
		Occupation <input type="text"/>			Country of Regulatory Body: <input type="text"/>
		Country of Birth/ Incorporation: <input type="text"/>			Regulatory Ref. No: <input type="text"/>
		Nationality/ Dual Citizenships <input type="text"/>			
		HSBC Customer No, if Applicable <input type="text"/>			

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		Passport No <input type="text"/>	Country of Residence: <input type="text"/>		Names of Stock Exchange, if listed: <input type="text"/>
		ID/Registration No <input type="text"/>	Country of Head Quarters: <input type="text"/>		Ticker ID, if applicable <input type="text"/>
		Expiry Date <input type="text"/>			Name of Regulatory Body (if regulated entity) <input type="text"/>
		Occupation: <input type="text"/>			Country of Regulatory Body: <input type="text"/>
		Country of Birth/ Incorporation: <input type="text"/>			Regulatory Ref. No: <input type="text"/>
		Nationality/ Dual Citizenships <input type="text"/>			
		HSBC Customer No, if Applicable <input type="text"/>			
		Passport No <input type="text"/>	Country of Residence: <input type="text"/>		Names of Stock Exchange, if listed: <input type="text"/>
		ID/Registration No <input type="text"/>	Country of Head Quarters: <input type="text"/>		Ticker ID, if applicable <input type="text"/>
		Expiry Date <input type="text"/>			Name of Regulatory Body (if regulated entity) <input type="text"/>
		Occupation: <input type="text"/>			Country of Regulatory Body: <input type="text"/>
		Country of Birth/ Incorporation: <input type="text"/>			Regulatory Ref. No: <input type="text"/>
		Nationality/ Dual Citizenships <input type="text"/>			
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		Passport No <input type="text"/>	Country of Residence: <input type="text"/>		Names of Stock Exchange, if listed: <input type="text"/>
		ID/Registration No <input type="text"/>	Country of Head Quarters: <input type="text"/>		Ticker ID, if applicable <input type="text"/>
		Expiry Date <input type="text"/>			Name of Regulatory Body (if regulated entity) <input type="text"/>
		Occupation: <input type="text"/>			Country of Regulatory Body: <input type="text"/>
		Country of Birth/ Incorporation: <input type="text"/>			Regulatory Ref. No: <input type="text"/>
		Nationality/ Dual Citizenships <input type="text"/>			
		HSBC Customer No, if Applicable <input type="text"/>			

Note:

1. For non-individuals - Please state legal full name of the company (correspondence /short name will be same). For individuals, please state Title first, followed by first name, middle name and family name
2. For Individuals – Please state Passport No., ID No. and Nationality.  
For Companies – Please state Registration No. and Country of Incorporation.

2. **Following are the details of all ENTITIES/INDIVIDUAL who are Intermediate Beneficial Owners and Ultimate Beneficial Owners with shareholding of 10% (Note 1) or more of the entity opening/holdiang account with HSBC** Applicable only if corporate entities are shown as owners/shareholders under Section 1. For names of Individuals already covered under Section 1, please mention only the name and shareholding percentage)

Note 1: Or lower as per local regulatory requirements

Full Name of Intermediate/Ultimate Beneficial Owner (Individual) <sup>1</sup>	Residential Address of the ultimate beneficial owner and Telephone Number	Identification Document (Details of Passport, etc.)	Ownership Percentage (%)
		ID Type/No <input type="text"/> Expiry Date <input type="text"/> Occupation <input type="text"/> Country of Birth/Incorporation: <input type="text"/> Country of Residence <input type="text"/> Nationality/Dual Citizenships <input type="text"/> HSBC Customer No, if Applicable <input type="text"/>	
		ID Type/No <input type="text"/> Expiry Date <input type="text"/> Occupation <input type="text"/> Country of Birth/Incorporation: <input type="text"/> Country of Residence <input type="text"/> Nationality/Dual Citizenships <input type="text"/> HSBC Customer No, if Applicable <input type="text"/>	

Full Name of Intermediate/ Ultimate Beneficial Owner (Individual) <sup>1</sup>	Residential Address of the ultimate beneficial owner and Telephone Number	Identification Document (Details of Passport, etc.)	Ownership Percentage (%)
		ID Type/No <input type="text"/> Expiry Date <input type="text"/> Occupation <input type="text"/> Country of Birth/Incorporation: <input type="text"/> Country of Residence <input type="text"/> Nationality/Dual Citizenships <input type="text"/> HSBC Customer No, if Applicable <input type="text"/>	
		ID Type/No <input type="text"/> Expiry Date <input type="text"/> Occupation <input type="text"/> Country of Birth/Incorporation: <input type="text"/> Country of Residence <input type="text"/> Nationality/Dual Citizenships <input type="text"/> HSBC Customer No, if Applicable <input type="text"/>	

Note: 1. Please state Title first, followed by first name, middle name and family name. If any corporate entity stated under section 1 is listed in a stock exchange, please provide the details here.

**3. Following are the details of the Directors of our company:**

Full Name of the Director <sup>1</sup> and Position in Company	Residential Address of the Director <sup>2</sup> and Telephone Number	Identification Document Details of the Director <sup>2</sup>
		PP No <input type="text"/> Expiry Date: <input type="text"/> Other ID No <input type="text"/> Expiry Date: <input type="text"/> Country of Birth <input type="text"/> Country of Residence <input type="text"/> Nationality/Dual Citizenships <input type="text"/> HSBC Customer No, if applicable <input type="text"/>
		PP No <input type="text"/> Expiry Date: <input type="text"/> Other ID No <input type="text"/> Expiry Date: <input type="text"/> Country of Birth <input type="text"/> Country of Residence <input type="text"/> Nationality/Dual Citizenships <input type="text"/> HSBC Customer No, if applicable <input type="text"/>
		PP No <input type="text"/> Expiry Date: <input type="text"/> Other ID No <input type="text"/> Expiry Date: <input type="text"/> Country of Birth <input type="text"/> Country of Residence <input type="text"/> Nationality/Dual Citizenships <input type="text"/> HSBC Customer No, if applicable <input type="text"/>
		PP No <input type="text"/> Expiry Date: <input type="text"/> Other ID No <input type="text"/> Expiry Date: <input type="text"/> Country of Birth <input type="text"/> Country of Residence <input type="text"/> Nationality/Dual Citizenships <input type="text"/> HSBC Customer No, if applicable <input type="text"/>
		PP No <input type="text"/> Expiry Date: <input type="text"/> Other ID No <input type="text"/> Expiry Date: <input type="text"/> Country of Birth <input type="text"/> Country of Residence <input type="text"/> Nationality/Dual Citizenships <input type="text"/> HSBC Customer No, if applicable <input type="text"/>
		PP No <input type="text"/> Expiry Date: <input type="text"/> Other ID No <input type="text"/> Expiry Date: <input type="text"/> Country of Birth <input type="text"/> Country of Residence <input type="text"/> Nationality/Dual Citizenships <input type="text"/> HSBC Customer No, if applicable <input type="text"/>

**1. Details of/Authorised Signatories/Key Controllers/Direct Appointees/Power of Attorney for the account(s) of our company (As advised to the Bank<sup>3</sup>)**

Full Name and Position in Company	Residential Address <sup>2</sup> and Contact Details	Identification Document Details <sup>2</sup>
	Residential Address: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Direct Line: <input type="text"/> Land Line: <input type="text"/> Mobile Number: <input type="text"/> Email Address: <input type="text"/>	PP No <input type="text"/> Expiry Date: <input type="text"/> Other ID No <input type="text"/> Expiry Date: <input type="text"/> Country of Birth <input type="text"/> Country of Residence <input type="text"/> Nationality/Dual Citizenships <input type="text"/> HSBC Customer No, if applicable <input type="text"/>
	Residential Address: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Direct Line: <input type="text"/> Land Line: <input type="text"/> Mobile Number: <input type="text"/> Email Address: <input type="text"/>	PP No <input type="text"/> Expiry Date: <input type="text"/> Other ID No <input type="text"/> Expiry Date: <input type="text"/> Country of Birth <input type="text"/> Country of Residence <input type="text"/> Nationality/Dual Citizenships <input type="text"/> HSBC Customer No, if applicable <input type="text"/>
	Residential Address: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Direct Line: <input type="text"/> Land Line: <input type="text"/> Mobile Number: <input type="text"/> Email Address: <input type="text"/>	PP No <input type="text"/> Expiry Date: <input type="text"/> Other ID No <input type="text"/> Expiry Date: <input type="text"/> Country of Birth <input type="text"/> Country of Residence <input type="text"/> Nationality/Dual Citizenships <input type="text"/> HSBC Customer No, if applicable <input type="text"/>

Full Name and Position in Company	Residential Address <sup>2</sup> and Contact Details	Identification Document Details <sup>2</sup>
	Residential Address: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Direct Line: <input type="text"/> Land Line: <input type="text"/> Mobile Number: <input type="text"/> Email Address: <input type="text"/>	PP No <input type="text"/> Expiry Date: <input type="text"/> Other ID No <input type="text"/> Expiry Date: <input type="text"/> Country of Birth <input type="text"/> Country of Residence <input type="text"/> Nationality/Dual Citizenships <input type="text"/> HSBC Customer No, if applicable <input type="text"/>
	Residential Address: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Direct Line: <input type="text"/> Land Line: <input type="text"/> Mobile Number: <input type="text"/> Email Address: <input type="text"/>	PP No <input type="text"/> Expiry Date: <input type="text"/> Other ID No <input type="text"/> Expiry Date: <input type="text"/> Country of Birth <input type="text"/> Country of Residence <input type="text"/> Nationality/Dual Citizenships <input type="text"/> HSBC Customer No, if applicable <input type="text"/>

Note:

1. Please state Title first, followed by first name, middle name and family name and position in the company (Share Holder/Director/POA holder)
2. For Individuals already covered under section 1 & 2 please state only the name and indicate 'Section 1/2 refers'
3. Any changes in the mandate to be advised separately.



2. Are any of the individuals identified in the above sections considered to be influential politically, politically exposed, or holding any position in the Executive, Legislative, Military or Judicial sectors of a Government? If yes, please provide further information below

Full Name	Current Position	Previous Positions (Dates held until)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Do any of the individuals identified in the above sections have any close associates / immediate family members of a person considered to be influential politically or politically exposed or holding any in the Executive, Legislative, Military or Judicial sectors of a Government? If yes, please provide further information below

Full Name	Relationship to Close Associate or Family Member	Current Position of Close Associate/Family Member	Previous Positions of Close Associate/Family Member (Dates held until)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**By completing/declaring the details above (to be signed by Authorised Signatories as per Account Mandate:**

- ◆ We hereby certify that all information provided herein above are true and correct as of the signature date
- ◆ We undertake to notify the bank of any changes to the information provided

Signature of Authorised Signatory

Name of the Authorised Signatory

Position in the Company

Date:  Company Seal:

Signature of Authorised Signatory

Name of the Authorised Signatory

Position in the Company

Date:  Company Seal:

Signature of Authorised Signatory

Name of the Authorised Signatory

Position in the Company

Date:  Company Seal:

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